METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY, TENNESSEE

SHORT VENDOR APPLICATION

MAIL THIS APPLICATION TO: ***METRO GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY***
DEPARTMENT OF FINANCE/DIVISION OF ACCOUNTS
700 2nd Avenue South Suite 310
PO Box 196301
NASHVILLE, TENNESSEE 37219-6301
FAX TO: (615) 880-1727

FORM MUST BE COMPLETED IN ENTIRETY FOR SETUP / PLEASE COMPLETE ALL SECTIONS HIGHLIGHTED IN YELLOW

To be completed by Metro department requesting setup

DEPARTMENT: Metro Arts Commission Contact Name:: Arts Finance (ArtsFinance@nashville.gov)

Phone (615) 862-4099 Date _____

Select appropriate setup type: New ✓ **If Change to existing Supplier, list #** _____

Describe the nature of the transaction:

Is applicant providing goods or services? YES or NO Will applicant be paid more than once? YES or NO

ADDRESS INFORMATION

PLEASE TYPE OR PRINT *(Address where correspondence etc are to be mailed)*

NAME _____

ADDRESS _____

_____

CITY _____ STATE _____ ZIP CODE _____ - _____

PHONE _____ - _____ - _____ FAX _____ - _____ - _____

COUNTY _____ E-MAIL ADDRESS: _____

Is the applicant a Metro Employee? Yes or No

Employee Number (*if applicable*) _____ Will employee be using the travel system? YES or NO

Employee home department _____ Select employee type: General Government or MNPS

W9 TAX INFORMATION complete or attach hand signed W9*

LEGAL NAME ON TAX RETURN FOR IRS _____

TYPE OF TAXPAYER *(Select one code and fill in ID # information)*

- ☐ Individual or Sole Proprietor Social Security # _____
- ☐ Non Corporation Federal Tax Id # _____
- ☐ Corporation (except Medical/Legal) Federal Tax Id # _____
- ☐ S Corporation (except Medical/Legal) Federal Tax Id # _____
- ☐ Partnership or Medical/Legal Corporation Federal Tax Id # _____
- ☐ Trust/estate Social Security # _____
- ☐ Limited Liability Company Federal Tax Id # _____ Type _____
- ☐ Other _____ Federal Tax Id # _____

Box 1 Box 6 Box 7 Box 14

Type of 1099 to be issued: Rent Medical Non Emp compensation Attorney Not applicable

*** Tax information is requested for IRS reporting purposes. The failure to provide such information may result in a $50 penalty. ***

SIGNATURE

SIGNATURE: _____ DATE: _____